

**CARES COMMISSION**  
**POST HEARING SUMMARY**

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VISN 23 Omaha Hearing  
September 4 2003

- I. Commissioners in Attendance:
  - 1. John Vogel, Hearing Chairman
  - 2. Vernice Ferguson, R.N.
  - 3. John Kendall, M.D.
  - 4. Bob Ray
  
- II. Market Areas Addressed in Hearing
  - 1. Iowa Market
  - 2. Nebraska Market

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### III. Market Area Summary

Market Area	Planning Initiative	Market Plan Recommendation	DNCP Recommendation
Iowa	Access to Primary Care 46 vs. 70% goal	Open 6 CBOCs	4 new CBOCs included in priority group
Iowa	Access to Hospital Care 42 vs. 65% goal	Contract in community	Contract in community
Iowa	Outpatient Primary Care 2012 – 47% increase 2022 – 21% increase	<ul style="list-style-type: none"> <li>➤ Open new CBOCs</li> <li>➤ Increase capacity at existing CBOCs</li> <li>➤ Expand at parent facility</li> </ul>	<ul style="list-style-type: none"> <li>➤ 4 new CBOCs</li> <li>➤ In-house expansion, renovation and conversions, no specifics</li> </ul>
Iowa	Outpatient Specialty Care 2012 – 65% increase 2022 – 39% increase	<ul style="list-style-type: none"> <li>➤ Increase contracting in periods of high growth</li> <li>➤ Build specialty care addition at Iowa City and Des Moines</li> </ul>	Does not specify where new construction planned but identifies 171K sq ft of new space for network
Iowa	Inpatient Medicine 2012 – 11% decrease 2022 – 38% decrease	Move inpatient services from Knoxville to Des Moines	No specifics other than move inpatient services from Knoxville to Des Moines
Iowa	Special Programs	No mention	No mention
Iowa	Small Facility – Knoxville	Close acute medicine beds and transfer care to Des Moines or contract; retain inpatient psych and nursing home unit	Close acute medicine beds and transfer care to Minneapolis or contract; retain inpatient psych and nursing home unit
Iowa	Enhanced Use	Explore relocating Iowa VBA to Des Moines campus	Not addressed
Iowa	Inpatient Services – Iowa City	Renovate/modernize OR's and consolidate/modernize medical and surgical wards as utilization increases	Not included, but plan is for capital investment for tertiary ICUs, monitored beds and improvement of overall facility
Nebraska	Access to Primary Care 51% vs. 70% goal	Open 4 CBOCs	Not in high priority group
Nebraska	Outpatient Specialty Care 2012 – 31% 2022 – 12%	<ul style="list-style-type: none"> <li>➤ Renovate/reconfigure space at Omaha, Grand Island, Lincoln</li> <li>➤ Contract</li> <li>➤ Move primary care from Omaha to CBOCs</li> </ul>	In-house expansion will occur through capital investments, no specifics given
Nebraska	Inpatient Medicine Decrease Workload – 2012 – 16% 2022 – 40%	Build 5K sq ft MICU and provide more telemetry beds (even though projected decrease in workload)	No specifics given, significant capital investment for ICUs, monitored beds and improve overall facility conditions
Nebraska	Collaboration - DOD	Short term locate CBOC at Bellevue	Put joint venture CBOCs at Offut and Grand Forks AFBs
Nebraska	Collaboration – VBA	Explore co-location of VBA on Lincoln campus	Explore co-location of VBA on Lincoln campus – medium priority
Nebraska	NCHU renovation at Grand Island	Not in plan	Renovation of 26K sq ft at Grand Island

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### IV. Brief Description of Hearing Testimony

#### 1. Network Leadership – Dr. Petzel, Network Director

Dr. Petzel presented the CARES plan for the Nebraska and Iowa markets. Access to care and evaluation of small facilities are the major issues in these markets. Tele-medicine is an important investment for rural healthcare.

VISN 23 has 36 CBOCs, but no markets meet the primary care access criteria. The four CBOCs proposed for the Iowa market are included in the highest priority group. If opened access would reach 70%. Nebraska's four proposed CBOCs are not on the first priority list. Nebraska would reach 64% access with the addition of four CBOCs. Nebraska, unlike Iowa, is too sparsely populated to meet the 7,000 enrollee per CBOC threshold. Dr. Petzel reiterated opening proposed CBOCs will not overwhelm the delivery system.

Both Knoxville and Des Moines are considered small facilities. The network proposes moving all inpatient services from Knoxville to Des Moines. The plan is dependent on construction of a \$12.4M, 120 bed nursing home in Des Moines. Estimated savings have not been identified. Bed projection is based on anticipated local placements and actual experience, excluding the rehab unit. They anticipate relocating half the domiciliary beds and using community services for the balance.

#### 2. Affiliates

Dr. Nairn, Dean, Creighton University School of Medicine

Dr. Yee, University of Nebraska College of Pharmacy

Mr. LuGarce, Manager, Knoxville, IA

Creighton's Dean stated integration of the two medical school programs at the VA is working well. The University of Nebraska Pharmacist-run clinics are an innovative model in the VA and more wide-spread use should be encouraged. The City of Knoxville and surrounding communities oppose closing services at Knoxville. The VA is the second largest employer in town. They feel there is no fiscal responsibility in this action, even if it takes more resources to deal with an aging facility.

#### 3. Veterans Organizations

Ms. Childers, Disabled American Veterans

Mr. Mullon, The American Legion

Mr. Parr, Veterans of Foreign Wars

Mr. Palmershein, Iowa Commission on Veterans Affairs

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Representatives stressed the need to improve access in these markets and open all proposed CBOCs. They are opposed to moving Knoxville services to Des Moines, based on a lack of planning for long term care, mental health, and domiciliary services. If the VA is going to build a new nursing home it should be in Knoxville, not Des Moines. Complex care could be treated in Des Moines. Following their testimony the Chairman asked a representative from the group advocating a CBOC in Shenandoah, IA to present information for the public record.

### **4. Employee Organizations**

Mr. Brackett, AFGE Knoxville

Mr. Crawford, AFGE Omaha

Ms. Kortum, AFGE 2601

Mr. Cruikshank, AFGE 1228

Ms. Moore, United American Nurses, Des Moines

The United American Nurses group from Des Moines was also on the panel. They felt staffing levels were not adequate to increase outpatient workload and reduce waiting times. While they were somewhat included in the CARES process they were not involved in the decision to close Knoxville and are opposed to it.

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### V. Commissioner Views

Market	Planning Initiative	DNCP Recommendation	Commissioner Views
Iowa	Access to Primary Care 46 vs. 70% goal	4 new CBOCs included in priority group	Commissioners agreed that 4 CBOCs should be added. They recommend the network re-evaluate the proposed CBOC in Decorah.
Iowa	Access to Hospital Care 42 vs. 65% goal	Contract in community	Commissioners agreed with the need to improve access to hospital care in rural areas, but they did not have a clear idea of the types of services or community hospitals targeted for contracting. They would encourage the network to contract for more than just emergent services.
Iowa	Outpatient Primary Care 2012 – 47% increase 2022 – 21% increase	<ul style="list-style-type: none"> <li>➤ 4 new CBOCs</li> <li>➤ In-house expansion, renovation and conversions, no specifics given</li> </ul>	Commissioners agreed that 4 CBOCs should be added. After receiving the networks breakdown of proposed space conversions and estimated costs, Commissioners agreed with the proposals for the Iowa and Nebraska markets.
Iowa	Outpatient Specialty Care 2012 – 65% increase 2022 – 39% increase	Does not specify where new construction planned but identifies 171K sq ft of new space for network	See above. Commissioners thought proposed construction in Iowa City and Des Moines, and proposed leasing in Cedar Rapids, appears reasonable.
Iowa	Inpatient Medicine 2012 – 11% decrease 2022 – 38% decrease	No specifics other than move inpatient services from Knoxville to Des Moines	Commissioners generally agreed with the proposals, but asked for clarification if the Iowa City construction is for inpatient or outpatient areas.
Iowa	Small Facility – Knoxville	Close acute medicine beds and transfer care to Minneapolis or contract; retain inpatient psych and nursing home unit	Commissioners requested life cycle costs for the Knoxville facility and re-evaluation of the proposal when the long term care model is made available. They want to ensure nursing home capacity is not lost. They also stated construction at Des Moines needs to be complete, including adequate parking, before any services are transitioned from Knoxville. They also recommend transition planning for affected employees at Knoxville.
Iowa	Enhanced Use	Explore relocating Iowa VBA to Des Moines campus	Commissioners did not comment on this and it appeared to be a low priority for VBA.
Iowa	Inpatient Services – Iowa City	Not included, but plans is for capital investment for tertiary ICUs, monitored beds and improvement of overall facility	Commissioners asked for clarification of both the inpatient and outpatient investments at Iowa City before they make a recommendation.

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Nebraska	Access to Primary Care 51% vs. 70% goal	4 CBOCs not in high priority group	Commissioners agreed that 4 CBOCs should be added. They recommend the network re-evaluate the proposed CBOC in Shenandoah.
Nebraska	Outpatient Specialty Care 2012 – 31% 2022 – 12%	In-house expansion will occur through capital investments, no specifics given	Commissioners agreed on the need for construction of an outpatient surgery center in Omaha, and outpatient contracts in Grand Island and Lincoln.
Nebraska	Inpatient Medicine Decrease Workload – 2012 – 16% 2022 – 40%	No specifics given, significant capital investment for ICUs, monitored beds and improve overall facility conditions	Commissioners agreed on the need to upgrade the inpatient facility in Omaha as a high priority in the network.
Nebraska	Collaboration - DOD	Put joint venture CBOCs at Offut and Grand Forks AFBs	Commissioners felt the joint venture CBOC at Offut is a flexible approach to providing patient care services until construction of a permanent VA clinic could occur. They requested additional information on the Grand Forks collaboration.
Nebraska	Collaboration – VBA	Explore co-location of VBA on Lincoln campus – medium priority	Commissioners did not comment on this and it appeared to be a low priority for VBA.
Nebraska	NCHU renovation at Grand Island	Renovation of 26K sq ft at Grand Island	Commissioners supported the plan to pool network construction funds for renovation.

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### **VI. Other Comments**

- As stated after the Minneapolis hearing, Commissioners agreed the 7,000 enrollment threshold is an artificial barrier for rural markets based on their sparse population. They recommend development of more applicable criteria for highly rural markets.
- Commissioners are concerned about the lack of financial analysis in many sections of the DNCP, such as the Knoxville and Des Moines small facility plans.

### **VII. Follow-up questions for VHA/VISN**

1. Provide clarification on the on the proposed construction at Iowa City.
2. Provide life cycle costs for the Knoxville facility.
3. Provide additional information on the Grand Forks collaboration proposal.